

5. The Kansas Medicaid program (assignee) is under no obligation to pay any premium or other charges to the policy.

6. The insurance company hereby acknowledges that by recording this Irrevocable Collateral Assignment of Life Insurance Proceeds, it agrees to accept and abide by the terms thereof.

Executed this _____ day of _____

Policy Owner Signature

Address

City/State/Zip

Recorded by:

Insurance Company: _____

Date: _____

Signature: _____

